

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6201</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>MARK E THOMAS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL #3</u> Labor Organization File Number <u>013-253</u> P.O. Box, Building and Room Number, if any _____ Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark E Thomas</u>	On <u>8/12/05</u> Date	<u>(412) 227-6767</u> Telephone Number

Name of Person Filing **MARK E. THOMAS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **HIGHMARK BLUE CROSS BLUE SHIELD**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **FIFTH AVE. PLACE 120 5th AVE**City **PITTSBURGH**State **PA** ZIP Code + 4 **15222**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IRONWORKERS OF W. PA BENEFIT PLANS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2201 LIBERTY AVE**City **PITTSBURGH**State **PA** ZIP Code + 4 **15222**

11.a. Nature of such dealing.

Health Care Insurance PROVIDER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

~~5/21/04~~ **8/31/04 GOLF OUTING**

12.b. Amount.

\$172.84

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.



August 12, 2005

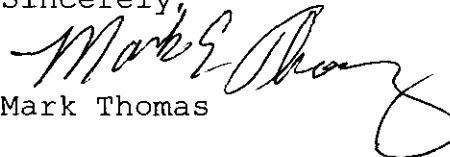
US Department of Labor
Employment Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, N.W.
Room N-5616
Washington, D.C. 20210

To Whom It May Concern:

I have already filed my form LM-30 for the calendar year 2004. However, I recently came upon new information concerning reportable events on my behalf for that time period.

Therefore, enclosed please find an addition to my original LM-30 that was previously sent to your office.

Sincerely,


Mark Thomas